

**Submission
No 91**

**INQUIRY INTO REGISTERED NURSES IN NEW SOUTH
WALES NURSING HOMES**

Organisation: Mission Australia

Date received: 22/07/2015

20th July 2015

The Director
General Purpose Standing
Committee No. 3
Parliament House
Macquarie St
Sydney NSW 2000

Dear Sir/Madam,

Re: Inquiry into registered nurses in New South Wales nursing homes

Mission Australia would like to thank the General Purpose Standing Committee No. 3 (the Committee) for its interest in the role of registered nurses (RNs) within residential aged care services and to highlight some potential impacts of changes to the regulations on the most vulnerable residents.

We currently operate two award winning residential aged care services in Sydney, Annie Green Court in Redfern and Charles Chambers Court in Surry Hills, which have 100 per cent concessional residents and where every resident was either formerly homeless or at severe risk of homelessness. We are also in the process of developing a third homeless aged care service in Orange. These services were funded as 'low-care' services prior to the changes to Commonwealth legislation removing the references to low and high care.

By definition, these services are catering for some of the most vulnerable and marginalised older people in NSW who have very different needs to mainstream aged care residents. None of our clients pay bonds and they often pay only notional rent from their income support payments and so these services are run within very tight financial margins.

Given the success of these services and the very specific needs of our residents, it is Mission Australia's strong view that mandating that aged care services have an RN on site 24 hours a day would not improve the outcomes for our residents, but it would add a cost of around \$350,000 per service, per year.

We recognise that the Members of the Committee wish to ensure that everyone living in residential aged care receives the high quality medical care they need and that they should be able to expect. And, if the Committee forms the view that further regulation is required to ensure that operators that don't currently meet these standards are forced to, then we believe there are better alternatives to requiring RNs in all aged care services. We have outlined some options below.

However, in the event that the Government seeks to move ahead with a mandated level of nursing care, we would also respectfully ask what measures the Government will put in place to fund the new positions in not-for-profit aged care services working to support the most vulnerable groups?

There is no means to recover this cost from our residents without impacting on their standard of living and wellbeing, which would defeat the purpose of putting RNs in services in the first place.

Meeting Residents' Needs in Mission Australia Aged Care Services

As people's needs increase, so too should the level of care and support they receive. But residents needs vary enormously – even for those with high needs - and services should also be tailored accordingly rather than prescribing a particular kind of care. Not all residents who require high levels of care require high levels of medical care.

To draw an analogy, if we sent everyone who had trouble buttoning their coat to a cardiologist it would be an expensive waste of time.

Assessing Need: The Aged Care Funding Instrument

Requiring all services to have an RN onsite, 24 hours a day, because they have residents who have been assessed under the Aged Care Funding Instrument (ACFI) as having high-needs; would be counterproductive.

The ACFI is made up of three main elements of assessment: Activities of daily living (ADL), behaviours and complex care needs. Residents can be assessed as having high-needs because of their results in any or a mix of the three areas.

Owing to their histories of homelessness and experiences of poverty, our residents tend to obtain high ACFI scores due to their inability to complete their ADL's, showering, toileting etc., along with their various behavioural diagnoses which can relate to acquired brain injuries or a mental illness.

But the main role of the RNs in our facilities is to oversee any/all complex care needs, which are much fewer. In our assessment it is difficult to see the benefits of having an RN on staff 24 hours a day if that funding had to be diverted from a Personal Care Assistant (PCA) who has been trained to assist with daily living activities, for example, or in some cases a physiotherapist or occupational therapist. When assessing the value of different services with limited funding, it's our strong view that we should favour those services that will have greatest impact on residents' wellbeing.

Specialist Care and First Aid

Specialist medical care can also be offered to residents without requiring an on-site presence 24 hours a day. In fact we offer higher levels of care, with a psycho-geriatrician providing a regular clinic onsite to cater for the specific needs of the residents, but it doesn't require a permanent presence.

In our residential aged care facilities we also have a full time RN on duty Thursday to Monday, 6:30am-3:00pm. We also have an RN on-site full time Monday to Friday 8:00am-4:00pm in the form of a Director of Care (DOC). Alongside this, we also have two part-time RN's present during the week, (in the form of an ACFI RN and a Nurse Educator). Outside of these hours, either the DOC or RN is on call at all times.

All our PCA's are either Cert III (Aged Care) or Cert IV (Aged Care) qualified. They are all also certified to administer First Aid.

The PCAs are fully trained and competency assessed on-site prior to commencing their employment; they are also fully assessed each year thereafter by the Nurse Educator.

Both of our facilities have consistently met compliance in all 44 outcomes set out by the Australian Aged Care Quality Agency and it's our view that our staffing arrangements are not only fit for purpose but have allowed us to more than satisfy the Agency's comprehensive assessment processes.

Medications

All our PCAs are trained and assessed prior to administering any medications. It should also be noted that it is our policy that all of our medications are blister packed by the pharmacy prior to being delivered to the facility. These medications are then securely stored in locked medication trolleys and we have had no incidences of incorrect medication being given to residents.

Options for reform

The starting point for any new regulations should be to demonstrate that requiring an RN to be present 24 hours a day has improved the health and wellbeing of residents in comparison with other States, where the regulation doesn't exist.

If the Committee forms the view, based on evidence before it, that poorly performing services would be improved by requiring RN's to be present 24 hours a day, then more tailored solutions should be considered:

- Examining a quality assurance mechanism in consultation with the Commonwealth to ensure standards are met rather than adding to the cost of high-quality providers; and
- Limiting the requirement for RNs to be on site for 24 hours a day to services where more than a set percentage (for example more than half) of residents had high-care needs and had been assessed through the ACFI as having complex care needs, rather than the other two categories.
- Fully funding the cost of the additional RN positions for not-for-profit aged care providers who are supporting concessional clients from vulnerable groups.

Mission Australia would also welcome the opportunity for the members of the Committee to visit Annie Green Court if it would assist in gaining a better understanding of the operation of these very specialised services.

If you have further questions please do not hesitate to contact me.

Kind regards

Ben Carblis
NSW/ACT State Director
Mission Australia